

Rickettsial Disease Surveillance Form

(Ehrlichiosis, Murine Typhus, Rocky Mountain Spotted Fever)

Texas Department of Health
Infectious Disease Epidemiology and Surveillance Division
Austin, Texas (512) 458-7676

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(Last) (First) (M)

(Address) (City)

(County) (State) (Zip Code) (Area Code) (Phone #)

(Age)

(Sex)

(Race)

W = White, H = Hispanic, B = Black, I = Am Indian, A= Asian, O = Other

(Date Of Birth)

Occupation: _____

(Attending Physician) (Area Code) (Phone #)

(Address) (City)

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Diagnosis: ☐ Ehrlichiosis ☐ Murine Typhus ☐ Rocky Mountain Spotted Fever ☐ Other: (Specify) _____

Date of onset: Onset of illness was: ☐ Abrupt ☐ Gradual

Check box if answer is YES

- ☐ Fever (Max _____ Duration (In days) _____)
☐ Headache
☐ Nausea/vomiting
☐ Photophobia
☐ Anorexia
☐ Conjunctivitis
☐ Malaise
☐ Myalgia
☐ Diarrhea
☐ Thrombocytopenia
☐ Elevated liver function test

☐ Other: _____

☐ Other: _____

Check box if answer is YES

☐ Rash Date of onset:

Description of Rash

- ☐ Macular
☐ Papular
☐ Other (Describe): _____

Rash appeared on:

- ☐ Trunk
☐ Arms
☐ Legs
☐ Face
☐ Soles
☐ Palms

Spread of Rash

- ☐ From arms and/or legs to trunk
☐ From trunk to arms and/or legs

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Was patient hospitalized? ☐ YES ☐ NO If YES, which hospital? _____

Number of days hospitalized: _____ Outcome: ☐ Recovered ☐ Died (Date of Death: _____)

Antibiotic Treatment: Dosage Date Started Date Stopped

Tetracycline ☐ YES ☐ NO _____

Chloramphenicol ☐ YES ☐ NO _____

Other (Specify) _____

L A B O R A T O R Y D A T A	Specimen (Sera, Blood, Tissue)	Date Collected	Result	Method (IFA, EIA, PCR, Antigen Detection)	Normal values for Serologic tests.
E X P O S U R E	Were ticks submitted to Texas Department of Health for identification? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	<div>Date</div> <div>Location</div> <div>Host</div>				
	Species: _____ Number of ticks submitted: _____ DFA: <input type="checkbox"/> Negative <input type="checkbox"/> Positive				
	Species: _____ Number of ticks submitted: _____ DFA: <input type="checkbox"/> Negative <input type="checkbox"/> Positive				
	Please check correct response.		Please check correct response.		
	Fleas present at patient's residence? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Is there a history of known tick bite or attachment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	History of flea bite? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Was tick engorged (swollen with blood)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Rodents present in patient's environment? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		How long was the tick attached? _____		
	Wild animals present in patient's env.? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Did the patient detick a dog by hand within 14 days of onset? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If yes, what kind: _____				
C O M M E N T S	Did the patient travel outside of the county within 14 days of onset? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	If YES, what states/counties were visited? (Include dates) _____				
	Was there recent exposure to wooded/outdoor areas? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	If YES, was it:				
	At place of residence? <input type="checkbox"/> YES <input type="checkbox"/> NO Occupational exposure? <input type="checkbox"/> YES <input type="checkbox"/> NO Camping, hiking, etc? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Where: _____				
	Dogs present at the patient's residence? <input type="checkbox"/> YES <input type="checkbox"/> NO Cats present at the patient's residence? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Investigated by: _____ Phone: _____

Agency: _____ Date: _____